IA ETHICS AND			
FOR INSTRUCTIONS, SEE BACK OF中的限制	DISCLOSURE BD.	FORM	STATEMENT
CHECK ONE:		DR-1	OF
This is an initial* Statement of Organization This is an amended* Statement of Organization	29 PM   Reset Form	(Rev. 10/2009)	ORGANIZATION
Statement must be filed within 10 days of committee accounting contribution	A STATE OF THE PARTY OF THE PAR	For Office Use	Only
		Comm. #	
Effective January 1, 2010, all statements and reports filed by new committee electronically and effective January 1, 2012, all statements and reports filed must be filed electronically.	and from the transfer of the same of	Indexed Audited	
		Computer	
Effective May 1, 2010, all statements and reports for State PACs and State	Parties must be filed electronically.		
COMMITTEE NAME \$\preceq\$ (A candidate's committee must include the put old name in ( ).	candidate's last name in the name of	the committee.) If a	nending committee name.
Otto Krueger For Duk	quarie Country	Carren de	
Office Mininger 12,	ague county	Japarois	or
IMPORTANT: Indicate type of committee you are reporting for:			
[ 1   Statewide/Legislative/Judge Standing for Potentian Condition to 10			
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)			
Self of the self-self-self-self-self-self-self-self-	e (including committee involved in	multiple city/count	y ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	tory except for a ca	Indidate's committee)
Julie Kane	Name 1 1 0++0 K		
Mailing Address 1 142 7 1 1 40	Name 1 Otto K  Mailing Address 1 2521  City, State 1 Zip Code 1 Dubuque, IA	rueger	<i>t</i>
Mailing Address \$ 14858 West Ridge Lane #8  City, State \$ \rightarrow \text{Zip Code } \rightarrow	2521	Wheatla	nd Drive
DN 646 UT FA 5200 3	City, State ↓ ↓ Zip Code ↓ ↓	52000	>
Phone 603) 556 2008			
	Phone (563) 451-4	446	
e-Mail JRane e Raneappraisals, nell	e-Mail Otto Krueger	@ mchsi	, com
INDICATE PURPOSE OF COMMITTEE - Check One Box Advo			
All Candidates Enter	County/Local Candidates an	vocate against ballot	issue(s)
Office Sought County Supervisor			
Political Party (if applicable) Democrat	County: Dubug p  (If active in multiple ballopissue	<u>, e</u>	
			t of counties
District:	Date of Election:		t of counties
District:	Date of Election:	8	
District:	Date of Election:	8	
District:	Date of Election: Jun  Candidate name & Address or Pa	ent Entity (PACs, in	
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account ↓↓	Date of Election:	ent Entity (PACs, in	
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account ↓↓	Date of Election: Jun  Candidate name & Address or Pa  Aft  Of to Krueg  Mailing Address    Date of Election: Jun  Aft	8 rent Entity (PACs, in filiate, or Sponsor	f applicable).
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account   American Trust  Mailing Address	Date of Election: Jun  Candidate name & Address or Pa	8 rent Entity (PACs, in filiate, or Sponsor	f applicable).
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account   American Trust  Mailing Address	Date of Election: Jyn  Candidate name & Address or Pa  1 Aft  O++o Krueg  Mailing Address 1 J  25-21 Whea  City 1 J	Frent Entity (PACs, in filiate, or Sponsor CF  Tland D  State 1 1	fapplicable).
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account    American Trust  Mailing Address    895 Main St.	Date of Election: Jyn  Candidate name & Address or Pa  L Aft  O++o Krueg  Mailing Address L V  2521 Whea  City L  Pubugue	rent Entity (PACs, in filiate, or Sponsor extended Distance of the state of the sta	fapplicable).
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account  American Trust  Mailing Address	Date of Election: Jun  Candidate name & Address or Particle  Of to Krueg  Mailing Address   June 4  City   June 4  Phone (563)   451-4	rent Entity (PACs, in filiate, or Sponsor  Cir  Fland D  State + +  IA	Prive Zip + + 52002
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account    American Trust  Mailing Address    895 Main St.	Date of Election: Jyn  Candidate name & Address or Pa  L Aft  O++o Krueg  Mailing Address L V  2521 Whea  City L  Pubugue	rent Entity (PACs, in filiate, or Sponsor  Cir  Fland D  State + +  IA	Prive Zip + + 52002
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District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account  American Trust  Mailing Address  \$ 95 Main St.  City	Date of Election: Jyn  Candidate name & Address or Pa  Aft  Offo Krueg  Mailing Address   Whea  City   Whea  City   Whea  Phone (563)   451-4  e-Mail Offo Kruegei  ins the following:  hey are subject to the laws in lowa Code	rent Entity (PACs, in filiate, or Sponsor  Er  Hand D  State + +  TA  446  - E inch;  chapters 68A and 68	f applicable).  Or, ve Zip + + 52002  Si,com
District:  Year Standing for Election: 2010  Bank Account Name (must match committee name)  1304900192  Name of Financial Institution/type of Account  American Trust  Mailing Address	Date of Election: Jyn  Candidate name & Address or Pa  Aft  O++o Krueg  Mailing Address + J  Z5ZI Whea  City + J  Phone (563) 451-4  e-Mail O++o Kruegey  inside the following:  They are subject to the laws in lowa Code	rent Entity (PACs, in filiate, or Sponsor  Fr  Fland D  State + +  IA  446  - e inch;  chapters 68A and 68	i applicable).  Or, ve Zip + + 52002  Si,.com
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Pear Standing for Election:  Year Standing for Election:  Bank Account Name (must match committee name)    1304900192   Name of Financial Institution/type of Account   1   American Trust   1   Mailing Address   1   State   2ip   1   City   1   State   52004   STATEMENT OF AFFIRMATION: By filling this document the committee affirm the committee and all persons connected with the committee understand that the cules in Chapter 351 of the lowa Administrative Code.  2. That lowa Code section 68A.402 and rule 351—4.9 require the filling of disclosure subjects the candidate or chairperson (in the case of committees other than a candimposition of other criminal and civil sanctions.  3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the phaterials except for those items exempted by statute or rule. A committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisless not intend to cross the \$750 filling threshold shall file the Form DR-SFA form in the committee that wisle	Candidate name & Address or Part Affice Control of Address or Part Affice Control of Address or Part Affice Control of Address of Part Affice Control of Address of Part Affice Control of Address of Part Affice Control of Part Affice Control of Af	rent Entity (PACs, in filiate, or Sponsor  Cir  I and D  State I I  I A  Chapters 68A and 68  e reports on or before assment of a civil penson or before assment of the committees except for committees except for	B and the administrative the required due dates alty and the possible mittee on all political orter "paid for by" and ballot issue PACs.
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